

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

| | | |
|--------------|----------|-------------|
| SERIAL NO. | 10003725 | FILING DATE |
| APPLICANT(S) | | |

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | * | * |
|--------------|--------------|------|------------------------|------|------------------------|------|----|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. |
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| 50 | | / | | | | | | | | |
| TOTAL IND. | | | | | | | 4 | | | |
| TOTAL DEP. | | | | | | | 72 | | | |
| TOTAL CLAIMS | | | | | | | 76 | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS